

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		10	11	12
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
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TOTAL IND.	2	1							
TOTAL DEP.	10								
TOTAL CLAIMS	20								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS